Peak Performance

Metabolic Syndrome

What is Metabolic Syndrome?

This is a question that commonly comes up and is frequently asked by employees when they review the results of annual physicals with the evaluating physician. It's not just a catch all phrase created by health care professionals to qualify a previously undefined medical diagnosis. Metabolic Syndrome is actually a collection of heart disease risk factors that significantly increase your chances of developing heart disease, stroke and diabetes. The condition is also referred to as Syndrome X, insulin resistance syndrome, and dysmetabolic syndrome. It is estimated that 50 million Americans have metabolic syndrome. Metabolic Syndrome is characterized by the following combination of known risk factors for heart and vascular diseases but there are no well-accepted criteria for specifically diagnosing the condition:

- ***Abdominal obesity*** - a waistline for men > 40 inches or >35 inches for women
- ***Abnormal Lipid Profiles*** - (triglyceride levels > 150mg/dl and HDL cholesterol <40mg/dl)
- ***Elevated Blood Pressure*** - (>130/90mmHg)
- ***Diabetes or a fasting blood glucose > 100mg/dl***
- ***Lack of regular physical activity***

Are there symptoms of Metabolic Syndrome?

Usually, there are no immediate physical symptoms. Medical problems associated with Metabolic Syndrome develop over time taking many years to fully appear. Make sure to discuss in detail the results of your physical with your evaluating physician.

What causes Metabolic Syndrome?

The exact cause of Metabolic Syndrome is not known. Many features of the condition are associated with "insulin resistance". Insulin resistance means that the body does not use insulin efficiently to lower blood glucose and triglyceride levels. Insulin resistance is a combination of genetic and lifestyle factors such as diet and activity patterns.

What health problems might develop if I have Metabolic Syndrome?

Consistently high levels of insulin and glucose are linked to many harmful changes to the body including:

1. Damage to the lining of your coronary arteries and the arteries in your brain
2. Changes in the kidney's ability to remove salt, leading to high blood pressure
3. Increased triglyceride levels

4. Increased risk of blood clot formation which can block arteries and cause heart attacks and strokes.

5. A slowing of insulin production, which can signal the beginning of Type II diabetes.

How do I prevent Metabolic Syndrome?

Since sedentary lifestyles and excessive abdominal obesity are the main underlying contributors to Metabolic Syndrome, getting more exercise and losing weight can help reduce or prevent the complications associated with this condition. Your primary care doctor may prescribe medicines to help you manage some of these underlying problems.

Some simple things you can do to prevent or reverse Metabolic Syndrome:

- ***Lose Weight*** - Moderate weight loss, in the range of 5% to 10% of body weight, can help restore your body's ability to recognize insulin and greatly reduce the chance that Metabolic Syndrome will evolve into a more serious illness.

- ***Exercise*** - Increased exercise alone can help your body improve its sensitivity to insulin. Aerobic exercise (30-45 minutes of brisk walking 3-5x/ week) can result in weight loss, improved blood pressure, reduced LDL cholesterol levels, increased levels of HDL cholesterol and reduced risk of developing diabetes. Try to get a total of 150-180 minutes of brisk walking/week.

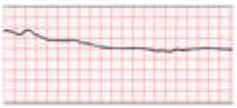
- ***Dietary Changes*** - Maintain a diet that limits total carbohydrate intake to no more than 50% of total calories. Eat foods defined as complex carbohydrates, such as whole grain breads, brown rice and unrefined sugars. Increase your dietary fiber intake by consuming legumes (beans), whole grains, fruits and vegetables. As much as 30%-40% of your daily calories can come from fat. Consume healthy fats such as olive oil, canola oil, flaxseed oils and nuts; ***NOT*** sausage and bacon!!!

Remember, there are a number of resources available to you as State of Nevada Employees. These benefits have been outlined in previous publications of *Peak Performance*. Make sure to discuss all your risk factors identified during your annual physical with your evaluating physician. If you need any assistance developing a plan to reduce your risk for Metabolic Syndrome you can always contact Josh Wilson at: wilson_jr@willis.com or Jim Muth at: jmuth@kbomanmd.com.

Helpful Resources:

American Heart Association at: www.amerianheart.org
Cleveland Clinic at: www.clevelandclinic.org
Mayo Clinic at: www.mayoclinic.com
Nevada Tobacco Users Help-line: 1.888.866.6642 or 702.877.0684
PPO Plan Wellness Benefits: 1.887.963.8232
HPN Plan Wellness Benefits: 1.702.877.5356 or 1.800.720.7253
Risk Management Heart Lung Website: www.risk.state.nv.us/HeartLungProgram

CPR Refresher



Heart attacks remain the number one cause of death in the United States claiming approximately 500,000 lives per year. A number of those deaths can be prevented by performing CPR (cardiopulmonary resuscitation) early in the cardiac arrest. It is likely that at some point in our lives we will be put in a position where we will be a first responder to a cardiac arrest. While most of us are familiar with the general principles of CPR you may not be aware of the updated guidelines that are now currently being taught. These new guidelines make it much easier for a lay person to render assistance. In 2005, the American Heart Association revised the guideline for the lay person rescuer. The new guidelines are based on the most recent scientific information about the effectiveness of early CPR. Some of the skills you may remember, like checking for a pulse, are no longer taught to *lay* rescuers only to health care professionals. The goal of the changes were to make CPR easier for *all* rescuers to learn and perform. The following outline is meant to provide you with the information necessary to render assistance in the event you witness a sudden cardiac arrest:

1. If you are alone determine responsiveness of the victim first by shaking and shouting. If unresponsive call ***9-1-1*** immediately! This is the single most important step in the chain of survival. Return to the victim immediately!

2. Check to see if your victim is breathing by tilting the head back and lifting the chin. Look for the chest to rise and fall and listen for sounds of breathing. If your victim is not breathing give 2 normal breaths.

3. Begin chest compressions by placing one hand on top of the other in the middle of the victim's chest. Perform 30 compressions followed by 2 normal breaths. Compress the chest at a rate of ***100*** per minute. Some of you may remember the previous guideline to 15 compression followed by 2 breaths. The 2005 guidelines place emphasis on the number of compressions and the rate of the compressions. Continue with 30 compressions and 2 breaths until help arrives or you switch with another responder.

For detailed instruction you can contact your local American Heart Association office or your local fire department and schedule a CPR class for you and your family or friends.

MET Values

Name	**Agency**	**MET Value**
Mark Smith	P&P	21
Mike Antonucci	P&P	19.8
Steve Tomac	NDOW	19.3
Loy Hixon	NHP	18.9
Robert Sines	NHP	18.8
Brad Wine	NHP	18.8
Dawn Hodge	NHP	18.4
Wayne Prosser	NHP	18.4
Dan Solow	NHP	18.4
Joe Wingard	NHP	18.4
Chris Perry	NHP	17.8
JohnSpringgate	P&P	17.8
Robert Borchardt	NHP	17.7
John Cunag	NHP	17.7
Jena Adrian	P&P	17.6
Todd Hartline	NHP	17.6
Karl Christopherson	P&P	17.2
Matt Trzpis	P&P	17.1
Blair Harkleroad	NHP	17.0
George Chock	NHP	17.0
Wil Lorang	P&P	17.0
Jackie Watmore	P&P	17.0
Gene Langley	NHP	16.9
Natasha Koch	NHP	16.9
Vince Brooks	DOC	16.8
Tim Case	P&P	16.8
Robert Deen	Lakes	16.8
Craig Jackson	NDF	16.8
Jason Jackson	NDOW	16.8
Eric Kellermeyer	Lakes	16.8
Christian LaPrairie	NHP	16.8
Craig Luce	DOC	16.8
Joe Maslach	NDOW	16.8
Charles Powell	NHP	16.8
Dan Reyna	NHP	16.8
Jenny Warner-Salopek	NHP	16.8
John Drew	NDI	16.7
Dean Reynolds	NHP	16.7
Rich Harvey	NDF	16.3
Robert Kopp	DOC	16.3

Employees making substantial health improvements:

James Bloomfield	DOC
Karl Christopherson	P&P
Arthur Curry	DOC
DeShawn Esteves	DOC
Michael Geist	NDOW
Jordan Greathouse	NHP
Ray Hubbs	NHP
Trinity Hutcherson	DOC
Kevin McNeal	NHP
Amanda Monroe	DOC

We will continue to keep you informed on topics ranging from the Heart Lung Program, to diet, exercise and nutritional advise. We encourage you to drop the Risk Management Division a note at 201 S. Roop St, Ste 201, Carson City, NV 89701, or call Vicky fry, RN, 775.687.3194. We are always looking for guest contributors to relate personal accomplishments and success stories. You can also drop a note or e-mail to Vicky Fry, RN: vfry@risk.state.nv.us, Josh Wilson @ wilson_jr@willis.com or Jim Muth @ jmuth@kbomanmd.com. Either of them will be happy to answer questions and provide information on wellness and a heart healthy lifestyle.